

NEVADA DEPARTMENT OF CORRECTIONS
TRANSFER REQUEST

EMPLOYEE:

I, _____, _____, _____, _____
Print Full Name Title Grade Step

hereby request approval to transfer from:

_____ to _____
Institution or Budget Account Number Institution or Budget Account Number

Signature of Employee Date

SENDING BUDGET ACCOUNT:

Institution or Department Budget Acct. # Supvr. Initials Date

() **Approved**
() **Denied**

Signature of Warden or Division Head Date

RECEIVING BUDGET ACCOUNT:

Institution or Department Budget Acct. # Supvr. Initials Date

() **Approved**
() **Denied**

Signature of Warden or Division Head Date

COMP TIME BALANCE: _____ **Hours** Upon agreement of both Sending and Receiving Budget Accounts, please mark the appropriate box. Signature must be obtained by both Sending and Receiving Wardens or Division Heads.

_____ **Transfer-Comp Time** _____ **Payoff-Comp Time**

Signature of Warden or Division Head (Sending) Signature of Warden or Division Head (Receiving)

FOR PERSONNEL DIVISION USE ONLY:

Effective date of transfer _____. (To be assigned once final approval(s) received.)

Employee will vacate position number _____ and transfer into position number _____.

() **Approved**
() **Denied**

Signature of Personnel Officer III Date

FINAL APPROVAL:

() **Approved**
() **Denied**

Signature of Asst. Director / Medical Director Date

() **Approved**
() **Denied**

Signature of Director (If Applicable) Date